

Barricade Fees Collected:

Deposit \$ _____
(to be returned upon inspection)

City delivery/pick up fee \$ _____

**Office Use Only
Place initials below**

____ Police Chief Approval
____ Fire Chief Approval
____ Public Works Director Approval
____ City Clerk Approval

CITY OF WAUPUN

BLOCK PARTY REQUEST * STREET CLOSING

Requestor Name _____

Full Address: _____ City,ST Zip _____

Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Date(s) of Closure:

From _____ To _____

Street to be Closed:

_____, between _____ and _____
(street name) (intersection) (intersection)

Expected number attendees: _____

Have all residents, impacted by the street closure, been notified of this request.

_____ Yes _____ No

If not, who was not contacted and why not?

Barricades

Number of barricades requested _____ \$10 each (*deposit-to be returned upon inspection of returned barricades*)

City Delivery Fee:

Requestor pick up/return: No fee

City delivery/pick up:

1-5 barricades \$25.00

Each after 5 \$5.00 (6 / 605 100-46-4643-000)